

# HEIPA DISTRICT YOUTH SCHOOL CLOTHES APPLICATION

Parent/Guardian: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

STUDENT NAME	SCHOOL ENROLLED	GRADE	AGE

**MUST ATTACH AN ACCEPTANCE LETTER FROM THE SCHOOL THEY ARE  
ATTENDING WITH THE APPLICATION.**

Child(ren) listed above must be in **Legal** and **Physical** custody of the parent/guardian submitting application. Child(ren) must be enrolled with SWO and Heipa Youth and be less than 19 years of age and enrolled in school. We will abide by all court orders and custody papers.

Anyone receiving assistance from another district will be responsible for repayment and will not receive youth assistance in the future.

Signature of Parent/Guardian: \_\_\_\_\_

**All applications must be turned into the Heipa District Coordinator:**

**Address: P.O. Box 223, Veblen SD 57270**

**Fax: 605-738-2379**

**E-Mail: heipadistrict2016@gmail.com**